U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/17 (12-Q4) Approved for use through 07/31/2006, OMB 0651-0032 on Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number TRANSPERIEUTE ON 12/08/2004. Complete if Known Gnsolidated Appropriations Act, 2005 (H.R. 4818). 10/713,484 Application Number TRANSMITT Filing Date 11/14/2003 For FY 2005 Marc Schlosser, First Named Inventor Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** Stephen Husar 2875 Art Unit TOTAL AMOUNT OF PAYMENT 100.00 Attorney Docket No. SCHMFA103 METHOD OF PAYMENT (check all that apply) X | Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Application Type Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$)

Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP =

Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) - 3 or HP =

HP = highest number of independent claims paid for, if greater than 3

ა.	A	۲	۲L	ICA	П	ION	S	ZE	FEE	•

Other:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets**

Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) _ - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY			$\overline{}$							
Signature			И.	San	w/	Registration No.	22 604	Teleph	2008 5 6 7 4 7 5 4	
Name (Print/Type)						(Attorney/Agent)	33,684		one 561-417-4	77
	1/0	bert M	. I	<u>owne</u>	<u> </u>			Date	6/9/2005	
This collection of infa-					$\overline{}$, -,	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

MARC SCHLOSSER, M.D.

Serial No.:

10/713,484

Filing Date:

11/14/2003

For:

GUEST CHECK PRESENTER

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF MAILING

I HEREBY CERTIFY that this correspondence is being deposited with the United States Postal Service as First Class Mail, in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, this 9th day of June, 2005.

Respectfully submitted,

ROBERT M. DOWNEY, P.A. Attorney for Applicant 601 S. Federal HWY., Suite 300

Boca Raton, FL 33432

Tel (56/1) 417-4771

Robert M. Downey

Reg. No. 33,684

Date: June 9, 2005





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

MARC SCHLOSSER, M.D.

Serial No.:

10/713,484

Filing Date:

11/14/2003

For:

GUEST CHECK PRESENTER

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

AMENDMENT

In response to the outstanding Patent Office Action dated March 9, 2005, please amend the above identified Patent Applicant as follows: